



Clark County Regional Support Network Policy Statement

Policy No.: QM17
Policy Title: Case Review
Effective Date: September 1, 2001

Policy: As a component of the CCRSN's Quality Management Plan, Utilization Management Plan and Quality Improvement processes there shall be a process for the regular and periodic review of the services being provided to both child and adult consumers receiving services funded by the CCRSN. The CCRSN has a comprehensive utilization management program monitored by the Medical Director to systematically evaluate the use of services through the collection and analysis of data resulting in overall improvement of the system. Of particular focus shall be the utilization management triggers for consumers who are receiving services such as consumers receiving services from multiple systems, high utilizers of crisis and inpatient resources or appear to have not satisfactorily benefited from the scope of care generally available within the community. The goal will be to assure continuity of care in the least restrictive manner. The reviews will address cross system issues and encourage an individualized and tailored care philosophy. The goals of a case review are to maximize existing resources, bring multiple agencies together for collaboration and coordination of services, clarify responsibility, provide clarification of policy, evaluate and provide feedback about how systems are responding to children and adult mental health consumer needs.

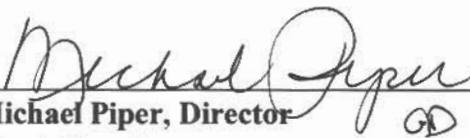
Reference: WAC 388-865, Clark County RSN, DSHS, Federal Waiver standards, and CCRSN Policy and Procedure CM02 Utilization Management.

Procedure: This is a specialized case review process triggered by enrollee's involvement in multiple systems, over utilization of crisis services, or level/element assignment, inpatient readmissions at 30, 60, 90 days, or multiple prescribers combined with other risk factors.

1. The CCRSN Utilization Management staff will establish a monthly schedule to review utilization reports to present to the Utilization Management Committee quarterly identifying areas of concern.
2. The CCRSN Utilization Management Committee reviewers will determine what cases to review and any recommended changes that need to be made by the provider once the review is complete.
3. The CCRSN staff will identify all appropriate participants, key service issues to be addressed and record the findings and recommended outcomes from the review. Participants may include, but not be limited to:
 - a) RSN Care Manager, Lead
 - b) Provider agency lead clinician
 - c) Other systems involved with the case

4. Minutes of the Case Review will be issued to all participants.
5. A formal case review report will be filed and presented to the Utilization Management Committee quarterly providing the ability to identify problems and take the appropriate corrective actions.
6. A formal report will be made to the Quality Management Committee on all case reviews, corrective action taken if appropriate, identifying trends/issues and recommendations.

Approved By: _____


Michael Piper, Director

Clark County

Department of Community Services

Date: _____

11-17-05